



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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To: Current and New Medicare Advantage Organizations, Medicare Prescription Drug Plans, Medicare Cost-based Plans, Health Plan Demonstrations, and other interested parties

From: Patricia Smith, Director, Medicare Advantage Group /s/  
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Subject: Model Evidence of Coverage and Disclosure Information, January 1, 2006 through December 31, 2006

Date: October 19, 2005

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To assist Organizations with the development and release of the Evidence of Coverage (EOC) document, CMS is issuing the 2006 model EOC documents for HMOs, Local and Regional PPOs, Prescription Drug Plans (PDPs) and Medicare Cost Plans. The Prescription Drug Plan model EOC is attached, while the other models will be released tomorrow morning. All organizations must mail the 2006 EOC to all members no later than January 31, 2006. You must mail 2006 EOCs to all new members within thirty days of their enrollment effective date.

The EOCs are intended for use by all Medicare Advantage (MA) Organizations and PDPs to explain covered benefits and related cost-sharing responsibilities. Use of the model is optional; however, documents that follow the model language, without modification, will receive a 10-day review. Organizations are strongly encouraged to use the model. Using the model “without modification” means using model language verbatim and only making modifications where the model indicates modifications may be necessary.

The 2006 MA model EOCs include several changes. The most notable changes are those listed below:

Section 6, Coverage for Outpatient Drugs

For consistency, and clarity all prescription drug information has been included in Section 6 of the model EOC.

Section 10 Appeals and Grievances

Section 10 includes more detail about the appeals process in particular, the section covering Skilled Nursing Facility, Home Health Agency, and Comprehensive Outpatient Rehabilitation Facility services.

#### Section 12 Appeals and Grievances

Section 12 provides new guidance on how to appeal Part D benefits.

#### Section 13, Enrollment/Disenrollment

Section 13 has been updated to include enrollment procedures for MA plans offering Part D and MA only. This section also includes specific information on how and when to buy a Medigap policy to supplement Original Medicare.

Other sections have been renumbered.

Throughout the model EOC, CMS provides areas where the organization must insert plan-specific language or where the organization has the option to customize language to more accurately reflect its plan arrangement. Inclusion of new or modified language in these areas of the EOC will not prevent the organization from receiving the expedited 10 day review of its EOC, if the organization has, otherwise followed the model without modification

Also, there are locations throughout the EOC where the MA organization may intend to insert information directed at employer group enrollees. Since MA employer group are waived from CMS marketing review, CMS will not review the employer group-related information in an MA EOCs.

The PDP model EOC is being offered to Organizations for the first time. The model EOC includes all PDP rules such as; how to use a formulary, how to find a network pharmacy, Explanation of Benefits (EOB) information, a reminder to members to fill out the Coordination of Benefits (COB) survey, as well as a complete description of their appeals and grievance rights and under what circumstances they can disenroll.

CMS will be providing checklists via HPMS that organizations should use when submitting their EOC for review. One checklist will apply to the HMO and PPO model EOCs, another one will apply to the Medicare Cost Plan model EOC and a third for PDPs. A copy of the MA checklists will also be available at [www.cms.hhs.gov/healthplans/marketing](http://www.cms.hhs.gov/healthplans/marketing) and the PDP checklists at [www.cms.hhs.gov/PDPS](http://www.cms.hhs.gov/PDPS).

Again, thank you for your ongoing efforts to transition to the new requirements of the Medicare Modernization Act. Questions regarding the 2006 model EOCs should be referred to your CMS Regional Office or the Medicare Drug Benefit marketing team.